

2025 HDHP ID Card Sample



CHOICE POS II

AGMA HEALTH FUND

ID W1234 56789
01 ARTHUR Q SAMPLE-TESTCARD
 PCP: NO ELECTION REQUIRED

PAYER NUMBER 60054 0103
 GRP: 247066-014-00001

02 JESSIE Q SAMPLE-TESTCARD
 PCP: NO ELECTION REQUIRED

SELF FUNDED COVERAGE
 PCP \$ 30.00
 SPC \$ 50.00

03 CAITLIN Q SAMPLE-TESTCARD
 PCP: NO ELECTION REQUIRED

RX BIN# 610502 RX PCN 00670000
 RX GRP RX7700

RX

Aetna Life Insurance Company
 Submit Claims to: PO BOX 981106
 EL PASO TX 79998-1106
 Virtual Care <https://aet.na/virtual>

Aetna Premier Care Network NAP

TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.

MEDICAL INDIVIDUAL Tier 1	FAMILY Tier 1
INN DED \$ 3400	\$ 3400
INN OOP MAX \$ 6000	\$ 6000
OON DED \$ 6000	\$ 6000
OON OOP MAX \$ 12000	\$ 12000

MEMBER SERVICES:	1-866-658-2455
PRECERTIFICATION ONLY:	1-800-223-6857
MENTAL/BEHAVIORAL HEALTH	1-800-424-4047
RX MEMBER SERVICES	1-888-792-3862

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.
www.aetna.com

RETAIL RX 20% 25% 37.5%
After deductible